

State: VermontGMCB **Filing Company:** TVHP
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
Project Name/Number: /

Filing at a Glance

Company: TVHP
 Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
 State: VermontGMCB
 TOI: ML02 Multi-Line - Other
 Sub-TOI: ML02.000 Multi-Line - Other
 Filing Type: GMCB Trend / Admin Charge
 Date Submitted: 05/20/2022
 SERFF Tr Num: BCVT-133270485
 SERFF Status: Pending State Action
 State Tr Num:
 State Status:
 Co Tr Num:

 Effective: On Approval
 Date Requested:
 Author(s): Martine Brisson-Lemieux, Andrew Proulx, Matthew Goodrich
 Reviewer(s): Geoffrey Battista (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Michael Barber, Laura Beliveau, Jennifer DaPolito

 Disposition Date:
 Disposition Status:
 Effective Date:

 State Filing Description:

State: VermontGMCB **Filing Company:** TVHP
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 07/19/2022
State Status Changed: Deemer Date:
Created By: Matthew Goodrich Submitted By: Matthew Goodrich
Corresponding Filing Tracking Number:

Filing Description:
May 19, 2022

Laura Beliveau
Staff Attorney
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05602

Subject:Blue Cross and Blue Shield of Vermont - NAIC # 53295
The Vermont Health Plan - NAIC # 95696
Q4 2022 Large Group Unit Cost Trend Filing

Dear Ms. Beliveau:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's and The Vermont Health Plan's Q4 2022 Large Group Unit Cost Trend Filing. This filing updates unit cost trend factors to align with those filed in the 2023 Vermont ACA Market rate filings in an effort to establish rates effective Q4 2022 and beyond that are aligned with hospital budget requests that will be submitted on July 1, 2022. This filing is intended to allow for actual hospital budget submissions to be incorporated into large group rates in the same manner that they will be incorporated into ACA rates.

Please let me know if we can answer any questions or provide further information during your review.

Sincerely,

Ruth Greene

cc:Michael Barber/GMCB
Christina McLaughlin/GMCB
Paul Schultz/Blue Cross
Martine Lemieux/Blue Cross
Greg Boulbol/Blue Cross

State: VermontGMCB

Filing Company: TVHP

TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing

Project Name/Number: /

Company and Contact

Filing Contact Information

Jude Daye, Executive Assistant
445 Industrial Lane
Montpelier, VT 05601

dayej@bcbsvt.com
802-371-3244 [Phone]

Filing Company Information

TVHP
PO BOX 186
Montpelier, VT 05601
(802) 371-3450 ext. [Phone]

CoCode: 95696
Group Code:
Group Name:
FEIN Number: 03-0354356

State of Domicile: Vermont
Company Type: HMO
State ID Number:

State: VermontGMCB **Filing Company:** TVHP
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
Project Name/Number: /

Filing Fees

State Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

BCVT-133270485

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** TVHP
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
Project Name/Number: /

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	07/15/2022	07/15/2022

Response Letters

Responded By	Created On	Date Submitted
Matthew Goodrich	07/19/2022	07/19/2022

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
GMCB Order - Revised Exhibits	Note To Reviewer	Matthew Goodrich	08/19/2022	08/19/2022

State: VermontGMCB **Filing Company:** TVHP
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/15/2022
Submitted Date	07/15/2022
Respond By Date	07/19/2022

Dear Jude Daye,

Introduction:

Please see the attached letter.

Conclusion:

*Sincerely,
Jacqueline Lee*



July 15, 2022

Jude Daye, Executive Assistant
Blue Cross and Blue Shield of Vermont
445 Industrial Lane
Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont, The Vermont Health Plan
4Q 2022 LG Rating Program Filing
SERFF Tracking #: BCVT-133270497, BCVT-133270485

Dear Jude Daye:

We have been retained by the Green Mountain Care Board (“GMCB”) to review the above referenced group products filings submitted on 5/20/2022. The following additional information is required for these filings.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Using the FY2023 budget submission narratives posted on the GMCB website (<https://gmcboard.vermont.gov/node/3183>), please disclose the impact to the rates if the unit cost trend was set equal to the budget increases submitted and provide quantitative support for the impact.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than July 19, 2022. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,

Kevin Ruggeberg, FSA, MAAA
Vice President and Consulting Actuary
Lewis & Ellis, Inc.
kruggeberg@lewisellis.com
(972)850-0850

SERFF Tracking #:

BCVT-133270485

State Tracking #:

Company Tracking #:

State: VermontGMCB Filing Company: TVHP
 TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
 Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 07/19/2022
 Submitted Date 07/19/2022

Dear Geoffrey Battista,

Introduction:

Response 1

Comments:

Please find attached our responses to the Q4 2022 TVHP Large Group Unit Cost Trend Filing Inquiries dated July 15, 2022.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to 4Q 2022 LG Rating Program Inquiry Letter 1
Comments:	
Attachment(s):	Responses to 4Q 2022 LG Rating Program Inquiry Letter 1.pdf Responses to 4Q 2022 LG Rating Program Inquiry Letter 1 - Exhibits (REDACTED).pdf Responses to 4Q 2022 LG Rating Program Inquiry Letter 1 - Exhibits (REDACTED).xlsx

Conclusion:

Sincerely,
Matthew Goodrich

State: VermontGMCB

Filing Company: TVHP

TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing

Project Name/Number: /

Note To Reviewer

Created By:

Matthew Goodrich on 08/19/2022 07:55 AM

Last Edited By:

Matthew Goodrich

Submitted On:

08/19/2022 07:56 AM

Subject:

GMCB Order - Revised Exhibits

Comments:

Please find attached exhibits reflecting the GMCB order dated August 18, 2022.

August 19, 2022

Laura Beliveau
Staff Attorney
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05602

Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295
The Vermont Health Plan - NAIC # 95696
Q4 2022 Large Group Unit Cost Trend Filing

Dear Ms. Beliveau:

Pursuant to the Green Mountain Care Board's Decision and Order dated August 18, 2022, we are writing to confirm that Blue Cross and TVHP will incorporate the ordered modifications to the large group unit cost trend filing. Blue Cross and TVHP have filed amended exhibits, which incorporate the ordered allowed medical trend. A supplemental exhibit is provided which calculates the impact of the ordered trends on the manual rate.

Should you have any questions, please do not hesitate to contact us.

Sincerely,



Paul A Schultz, F.S.A., M.A.A.A.

BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN
 Q4 2022 LARGE GROUP UNIT COST TREND FILING
 MANUAL RATE IMPACT OF FORMULA AND FACTOR CHANGES USING APPROVED TREND
 AMENDED PER GMCB ORDER

Calculation of the Manual Rate (Actives)				
Claim Type		Medical	Pharmacy	Total
Q4 2022 Filed Manual Rate	A	\$556.59	\$122.77	\$679.36
Q4 2022 Filed Paid Trend Factor	B	1.238	N/A	
Q4 2022 Approved Paid Trend Factor	C	1.266		
Q4 2022 Approved Manual Rate	$D = A \times (C/B)$	\$569.22	\$122.77	\$691.99
Change in Manual Rate				1.9%

Q4 2022 Approved Manual Rate				
Renewal Year	2023	2023	Component Increase	Premium Impact
Filing Year	Q3 2022	Q4 2022		
Manual Claims	\$44,934,613	\$47,102,041	4.8%	4.4%
Projected Rebates	-\$2,819,567	-\$2,819,567	0.0%	0.0%
Admin	\$4,167,412	\$4,241,448	1.8%	0.1%
Reserve	\$728,621	\$763,087	4.7%	0.1%
Mandates and Assessments	\$1,056,704	\$1,075,655	1.8%	0.0%
Additional Items	\$1,320,353	\$1,357,731	2.8%	0.1%
Total				4.7%

BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN
Q4 2022 LARGE GROUP UNIT COST TREND FILING
MONTHLY TREND FACTORS
AMENDED PER GMCB ORDER

Month	Medical - BCBSVT	Medical - BCBSVT Non-	Medical - TVHP Managed
	Managed	Managed	
August 2018	1.0000	1.0000	1.0000
September 2018	1.0420	1.0420	1.0511
October 2018	1.0598	1.0598	1.0691
November 2018	1.1016	1.1018	1.1131
December 2018	1.3374	1.3376	1.3513
January 2019	1.3124	1.3126	1.3260
February 2019	1.2200	1.2320	1.2323
March 2019	1.2244	1.2365	1.2368
April 2019	1.2063	1.2182	1.2185
May 2019	1.1972	1.2090	1.2093
June 2019	1.2433	1.2556	1.2559
July 2019	1.3002	1.3130	1.3133
August 2019	1.1294	1.1426	1.1429
September 2019	1.1535	1.1670	1.1673
October 2019	1.2577	1.2725	1.2728
November 2019	1.2775	1.2926	1.2929
December 2019	1.2109	1.2251	1.2254
January 2020	1.2042	1.2183	1.2186
February 2020	1.2628	1.2770	1.2782
March 2020	0.9276	0.9380	0.9389
April 2020	0.7084	0.7164	0.7170
May 2020	0.9781	0.9890	0.9900
June 2020	1.2444	1.2583	1.2595
July 2020	1.2442	1.2582	1.2593
August 2020	1.2167	1.2312	1.2324
September 2020	1.2661	1.2813	1.2825
October 2020	1.1646	1.1785	1.1796
November 2020	1.1335	1.1471	1.1482
December 2020	1.2562	1.2713	1.2724
January 2021	1.3171	1.3347	1.3341
February 2021	1.3602	1.3784	1.3777
March 2021	1.3271	1.3448	1.3442
April 2021	1.3611	1.3794	1.3787
May 2021	1.5489	1.5697	1.5689
June 2021	1.3523	1.3704	1.3698
July 2021	1.3260	1.3468	1.3462
August 2021	1.2725	1.2924	1.2918
September 2021	1.3283	1.3491	1.3485
October 2021	1.3419	1.3629	1.3623
November 2021	1.3445	1.3655	1.3649
December 2021	1.3471	1.3681	1.3675
January 2022	1.3736	1.3964	1.3943
February 2022	1.3767	1.3996	1.3976
March 2022	1.3795	1.4024	1.4004
April 2022	1.3936	1.4168	1.4147
May 2022	1.4073	1.4307	1.4286
June 2022	1.4691	1.4935	1.4913
July 2022	1.4918	1.5167	1.5145
August 2022	1.4947	1.5197	1.5175
September 2022	1.4814	1.5061	1.5040
October 2022	1.5175	1.5427	1.5405
November 2022	1.5203	1.5456	1.5434
December 2022	1.5231	1.5485	1.5463
January 2023	1.6033	1.6301	1.6275
February 2023	1.6065	1.6333	1.6307
March 2023	1.6095	1.6364	1.6339
April 2023	1.6126	1.6395	1.6370
May 2023	1.6230	1.6500	1.6475
June 2023	1.6261	1.6532	1.6507
July 2023	1.6450	1.6726	1.6700
August 2023	1.6483	1.6759	1.6733
September 2023	1.6336	1.6609	1.6584
October 2023	1.6623	1.6901	1.6875
November 2023	1.6654	1.6932	1.6906
December 2023	1.6685	1.6963	1.6938
January 2024	1.7322	1.7621	1.7584
February 2024	1.7356	1.7656	1.7618
March 2024	1.7390	1.7690	1.7652
April 2024	1.7423	1.7723	1.7686
May 2024	1.7531	1.7833	1.7796
June 2024	1.7565	1.7868	1.7830

State: VermontGMCB Filing Company: TVHP
 TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
 Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Experience Rated and Manually Rated
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 7.600%
 Effective Date of Last Rate Revision: 05/18/2022
 Filing Method of Last Filing: Experience Rated and Manually Rated
 SERFF Tracking Number of Last Filing: BCVT-133154563

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
TVHP	2.900%	%		198	\$2,573,224	%	%

SERFF Tracking #:

BCVT-133270485

State Tracking #:

Company Tracking #:

State: VermontGMCB
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
Project Name/Number: /

Filing Company: TVHP

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Q4 2022 TVHP Large Group Unit Cost Trend Filing - Actuarial Memorandum (REDACTED).pdf
Item Status:	
Status Date:	

Bypassed - Item:	Civil Union Rating Requirements
Bypass Reason:	Not required.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Q4 2022 TVHP Large Group Unit Cost Trend Filing - Rate Filing Certification.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	TVHP does not use a Third Party to submit filings.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	Q4 2022 TVHP Large Group Unit Cost Trend Filing - Cover Letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	Q4 2022 TVHP Large Group Unit Cost Trend Filing - Exhibits (REDACTED).pdf Q4 2022 TVHP Large Group Unit Cost Trend Filing - Exhibits (REDACTED).xlsx
Item Status:	

SERFF Tracking #:

BCVT-133270485

State Tracking #:**Company Tracking #:**

State: VermontGMCB **Filing Company:** TVHP
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
Project Name/Number: /

Status Date:	
Satisfied - Item:	F106
Comments:	
Attachment(s):	Q4 2022 TVHP Lg Grp Filing - F106 Form signed.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Plain Language Summary
Comments:	
Attachment(s):	Q4 2022 TVHP Large Group Unit Cost Trend Filing - Plain Language Summary.pdf
Item Status:	
Status Date:	
Satisfied - Item:	VT Rx Data Template
Comments:	
Attachment(s):	VT Rx Data Template - TVHP - Q4 2022 Large Group.pdf VT Rx Data Template - TVHP - Q4 2022 Large Group.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Responses to 4Q 2022 LG Rating Program Inquiry Letter 1
Comments:	
Attachment(s):	Responses to 4Q 2022 LG Rating Program Inquiry Letter 1.pdf Responses to 4Q 2022 LG Rating Program Inquiry Letter 1 - Exhibits (REDACTED).pdf Responses to 4Q 2022 LG Rating Program Inquiry Letter 1 - Exhibits (REDACTED).xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

BCVT-133270485

State Tracking #:

Company Tracking #:

State:	VermontGMCB	Filing Company:	TVHP
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
Product Name:	Q4 2022 TVHP Large Group Unit Cost Trend Filing		
Project Name/Number:	/		

Attachment Q4 2022 TVHP Large Group Unit Cost Trend Filing - Exhibits (REDACTED).xlsx is not a PDF document and cannot be reproduced here.

Attachment VT Rx Data Template - TVHP - Q4 2022 Large Group.xlsx is not a PDF document and cannot be reproduced here.

Attachment Responses to 4Q 2022 LG Rating Program Inquiry Letter 1 - Exhibits (REDACTED).xlsx is not a PDF document and cannot be reproduced here.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan
Q4 2022 Large Group Unit Cost Trend Filing
Actuarial Memorandum

1. Purpose

Blue Cross and Blue Shield of Vermont (Blue Cross) and The Vermont Health Plan (TVHP) perform large group rating on a case-by-case basis. We accomplish rating through a formulaic approach that blends recent group experience with a manual rate according to a credibility formula. We may adjust formula results for underwriting judgment and/or management decisions. This filing updates the medical unit cost trend factors that we will use for renewals beginning upon approval of this filing, most notably January 2023 renewals. Updates to the unit cost trend factors flow through to impact the manual rate as well—we also demonstrate this impact as part of this Q4 filing.

Once approved, we will use this filing for insured large group and grandfathered small group renewals (we will refer to them collectively as large groups for the remainder of the filing) until superseded by a subsequent filing. This filing will apply beginning with rates communicated within seven business days after the date of its approval and continuing until at most seven business days after the date of approval of the next Blue Cross and TVHP Large Group Rating Program filings. The term “communicated,” for this purpose, means a written proposal delivered to a large group account.

2. Overview and Rate Impact

2.1. Overview

This filing includes the development of medical unit cost factors and illustrates a manual rate developed using the medical unit cost trend factors. The medical unit cost factors update those approved in the Q3 2022 BCBSVT Large Group Rating Program Filing and the Q3 2022 TVHP Large Group Rating Program Filing (BCVT-133154621 and BCVT-133154563). The unit cost trend factors align with those filed in the 2023 Vermont ACA Market rate filings (BCVT-133243619 and BCVT-133243509). We use this filing for insured products, including Cost Plus. Blue Cross projects that this filing will affect 6,396 members (3,563 subscribers) in 38 groups. These totals are as of December 31, 2021 and include members of both Blue Cross and TVHP. We will refer to the combined population as Blue Cross throughout this memorandum.

2.2. Impact of Formula and Factor Changes

This total impact of changes in medical unit cost factors is 2.9 percent.

3. Medical Unit Cost Trend

Observations of recent contracting and provider budgetary changes are the main source of unit cost trends. During the year ended August 2021, roughly 52 percent of total claims dollars were provided by Vermont facilities and providers directly affected by the hospital budget review process of the Green Mountain Care Board (GMCB). For hospitals under the jurisdiction of GMCB review, we start with the assumption that the GMCB will approve hospital budgets for the 2022 cycle that support identical commercial increases as those approved for the 2021 cycle. For hospitals that requested a midyear increase in the spring of 2022, we assume that their next approved budget will be higher than the 2021 cycle by the annualized proportion that was not granted as a midyear adjustment.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan
 Q4 2022 Large Group Unit Cost Trend Filing
 Actuarial Memorandum



Based upon the above assumptions concerning hospital budget and fee schedule changes, the provider contracting and actuarial departments worked together to assess the impact such an increase would have on contract negotiations for the Blue Cross Managed Care, Blue Cross Non-Managed Care, and TVHP Managed Care contracts. For marketing reasons, Blue Cross negotiates different unit cost increases for each of the three contracts. To reflect these differences, we calculate a cost trend for each contract.

We assumed for other providers within the Blue Cross service area that overall 2022 and 2023 budget increases would be identical to those implemented during the 2021 cycle, with the exception that we have reflected any more recent information gleaned from our early negotiations with providers. Again, the provider contracting and actuarial departments worked closely together to assess the impact these assumptions would have on contract negotiations for the Blue Cross Managed Care, Blue Cross Non-Managed Care, and TVHP Managed Care contracts.

Finally, we derive unit cost increases for providers outside the Blue Cross service area from the Fall 2021 Blue Trend Survey, which is a proprietary and confidential dissemination of the BlueCross BlueShield Association.

Exhibit 2A shows the details of the cost increases by contract and type of claim. We use the expected increases to trend the contract-normalized claims to the projection period.

The chart below summarizes the results of the analysis:

Medical Unit Cost Trend – CY 2022			
	Blue Cross Managed Care	Blue Cross Non-Managed Care	TVHP Managed Care
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	6.4%	6.6%	6.4%
Other facilities and providers	5.5%	5.7%	5.7%
Total	6.0%	6.2%	6.1%

Medical Unit Cost Trend – CY 2023			
	Blue Cross Managed Care	Blue Cross Non-Managed Care	TVHP Managed Care
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	10.1%	10.1%	10.1%
Other facilities and providers	5.7%	5.7%	5.7%
Total	8.0%	8.0%	8.0%

4. Manual Rate

We have updated the manual rate for actives from the Q3 2022 BCBSVT Large Group Rating Program Filing and the Q3 2022 TVHP Large Group Rating Program Filing only to apply the trends as described in

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan
Q4 2022 Large Group Unit Cost Trend Filing
Actuarial Memorandum

section 3. Other than this update, the manual rate development for actives is identical to that described within the Q3 2022 filings (BCVT-133154621 and BCVT-133154563).

Calculation of the Manual Rate (Actives)				
Claim Type		Medical	Pharmacy	Total
Q3 2022 Manual Rate	A	\$537.27	\$122.77	\$660.04
Q3 2022 Paid Trend Factor	B	1.1951	N/A	
Q4 2022 Paid Trend Factor	C	1.2380		
Q4 2022 Manual Rate	$D = A \times (C/B)$	\$556.59	\$122.77	\$679.36

5. Medical Loss Ratio Projection

We use the factors and formula in this filing to project a Medical Loss Ratio (MLR) for 2023. Using the manual rate as a proxy for projected claims, we project a 2023 MLR of 89.5 percent for Blue Cross and 88.7 percent for TVHP. The Blue Cross credibility-adjusted MLR for Large Group was 95.3 percent in 2019 and 90.1 percent in 2020. The TVHP credibility-adjusted MLR for Large Group 94.5 percent in 2019 and 97.0 percent in 2020. Exhibit 4C provides the development of the projected MLR. The calculations represent estimates assuming that all pricing assumptions hold true, and assuming no change from 2020 values for various quantities (e.g. HCQ, commissions).

6. Act 193 Information

This information is included template filed in SERFF with this filing (*VT Rx Data Template - BCBSVT - Q4 2022 Large Group.xlsx*). The data in the template is based on actual and projected experience for the groups included in the manual rate.

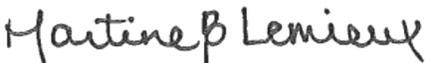
7. Actuarial Opinion

I, Martine Lemieux, am an employee of Blue Cross Blue Shield of Vermont and a member of the American Academy of Actuaries. I have experience in the area of insured health care programs.

Section 8 lists applicable limitations and disclosures.

It is my opinion that the factors presented in this filing are reasonable and have been prepared in accordance with applicable Actuarial Standards of Practice. The factors will produce premium rates that are reasonable in relation to the benefits provided and will not be excessive inadequate or unfairly discriminatory.

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's Qualification Standards to render this opinion.


Martine Lemieux, F.S.A., M.A.A.A.

May 19, 2022

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan
Q4 2022 Large Group Unit Cost Trend Filing
Actuarial Memorandum

8. Disclosures

Information Date: The analysis provided in the report is based on information as known on May 18, 2022.

Scope: The purpose of this filing is to update the trend factors and manual rate that will be used for renewals of Blue Cross and Blue Shield of Vermont and The Vermont Health Plan large group plans. This filing is not intended to be used for other purposes.

Intended Users: This material has been prepared for the GMCB. Blue Cross understands that this memorandum and accompanying exhibits will be posted publicly.

Uncertainty or Risk: Future events will affect the results presented in the memorandum. Per GMCB guidance published on March 31, 2022¹ Vermont hospital budgets submissions are due July 1, 2022. The hospital budget submissions will be different from the assumptions included in this filing and may call into question the adequacy or excessiveness of the premium rates discussed here.

Reliance on Other Sources for Data and Other Information: This analysis relies upon data from the Blue Cross data warehouse. I have reviewed the data for reasonableness, but no audit was performed.

Subsequent Events: New information related to the COVID-19 pandemic continues to emerge on a regular basis. Subsequent events may affect the projected MLR presented herein. The degree to which future events may materially change the MLR is unknown.

¹ <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY23%20Hospital%20Budget%20Guidance-%20FINAL.pdf>

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and, to the best of my knowledge, the filing complies with all applicable statutory and regulatory provisions for the state of Vermont

Ruth Greene

Ruth Greene
Vice President, Treasurer & Chief Financial Officer

5/19/2022

Date

May 19, 2022

Laura Beliveau
Staff Attorney
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05602

Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295
The Vermont Health Plan - NAIC # 95696
Q4 2022 Large Group Unit Cost Trend Filing

Dear Ms. Beliveau:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's and The Vermont Health Plan's Q4 2022 Large Group Unit Cost Trend Filing. This filing updates unit cost trend factors to align with those filed in the 2023 Vermont ACA Market rate filings in an effort to establish rates effective Q4 2022 and beyond that are aligned with hospital budget requests that will be submitted on July 1, 2022. This filing is intended to allow for actual hospital budget submissions to be incorporated into large group rates in the same manner that they will be incorporated into ACA rates.

Please let me know if we can answer any questions or provide further information during your review.

Sincerely,



Ruth Greene

cc: Michael Barber/GMCB
Christina McLaughlin/GMCB
Paul Schultz/Blue Cross
Martine Lemieux/Blue Cross
Greg Boulbol/Blue Cross

BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN
Q4 2022 LARGE GROUP UNIT COST TREND FILING

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4A	Example of Manual Rate Adjustment
4C	Projected 2023 MLR Calculation

UNIT COST TREND SUMMARY

	Inpatient					Outpatient					Professional						Total								
	GMCB	NH	BlueCard	Other	Total	GMCB	NH	BlueCard	Other	Total	GMCB	Community	NH	BlueCard	Other	Total	VT / GMCB	NH	BlueCard	Other	Total				
VHP	Exp Period					\$86.90																			
	CY 2021					\$88.22																			
	YE 202206					\$90.78																			
	CY 2022					\$94.26																			
	CY 2023					\$103.12																			
	Exp % of Total					100.0%																			
	Prj % of Total					100.0%																			
CY 2022 / CY 2021					6.9%																				
CY 2023 / CY 2022					9.4%																				
Annual Cost Trend					8.9%																				
IND	Exp Period					\$86.90																			
	CY 2021					\$88.42																			
	YE 202206					\$90.93																			
	CY 2022					\$94.24																			
	CY 2023					\$103.09																			
	Exp % of Total					100.0%																			
	Prj % of Total					100.0%																			
CY 2022 / CY 2021					6.6%																				
CY 2023 / CY 2022					9.4%																				
Annual Cost Trend					8.7%																				
TVHP	Exp Period					\$86.90																			
	CY 2021					\$88.31																			
	YE 202206					\$91.00																			
	CY 2022					\$94.49																			
	CY 2023					\$103.37																			
	Exp % of Total					100.0%																			
	Prj % of Total					100.0%																			
CY 2022 / CY 2021					7.0%																				
CY 2023 / CY 2022					9.4%																				
Annual Cost Trend					8.9%																				

MONTHLY TREND FACTORS

Month	Medical - BCBSVT Managed	Medical - BCBSVT Non- Managed	Medical - TVHP Managed
August 2018	1.0000	1.0000	1.0000
September 2018	1.0420	1.0420	1.0511
October 2018	1.0598	1.0598	1.0691
November 2018	1.1016	1.1018	1.1131
December 2018	1.3374	1.3376	1.3513
January 2019	1.3124	1.3126	1.3260
February 2019	1.2200	1.2320	1.2323
March 2019	1.2244	1.2365	1.2368
April 2019	1.2063	1.2182	1.2185
May 2019	1.1972	1.2090	1.2093
June 2019	1.2433	1.2556	1.2559
July 2019	1.3002	1.3130	1.3133
August 2019	1.1294	1.1426	1.1429
September 2019	1.1535	1.1670	1.1673
October 2019	1.2577	1.2725	1.2728
November 2019	1.2775	1.2926	1.2929
December 2019	1.2109	1.2251	1.2254
January 2020	1.2042	1.2183	1.2186
February 2020	1.2628	1.2770	1.2782
March 2020	0.9276	0.9380	0.9389
April 2020	0.7084	0.7164	0.7170
May 2020	0.9781	0.9890	0.9900
June 2020	1.2444	1.2583	1.2595
July 2020	1.2442	1.2582	1.2593
August 2020	1.2167	1.2312	1.2324
September 2020	1.2661	1.2813	1.2825
October 2020	1.1646	1.1785	1.1796
November 2020	1.1335	1.1471	1.1482
December 2020	1.2562	1.2713	1.2724
January 2021	1.3171	1.3347	1.3341
February 2021	1.3602	1.3784	1.3777
March 2021	1.3271	1.3448	1.3442
April 2021	1.3611	1.3794	1.3787
May 2021	1.5489	1.5697	1.5689
June 2021	1.3523	1.3704	1.3698
July 2021	1.3260	1.3468	1.3462
August 2021	1.2725	1.2924	1.2918
September 2021	1.3283	1.3491	1.3485
October 2021	1.3419	1.3629	1.3623
November 2021	1.3445	1.3655	1.3649
December 2021	1.3471	1.3681	1.3675
January 2022	1.3736	1.3964	1.3943
February 2022	1.3767	1.3996	1.3976
March 2022	1.3795	1.4024	1.4004
April 2022	1.3936	1.4168	1.4147
May 2022	1.4073	1.4307	1.4286
June 2022	1.4691	1.4935	1.4913
July 2022	1.4918	1.5167	1.5145
August 2022	1.4947	1.5197	1.5175
September 2022	1.4814	1.5061	1.5040
October 2022	1.5031	1.5281	1.5259
November 2022	1.5059	1.5310	1.5288
December 2022	1.5087	1.5339	1.5317
January 2023	1.5702	1.5965	1.5940
February 2023	1.5734	1.5996	1.5972
March 2023	1.5764	1.6027	1.6003
April 2023	1.5794	1.6058	1.6034
May 2023	1.5897	1.6162	1.6138
June 2023	1.5928	1.6194	1.6169
July 2023	1.6117	1.6387	1.6363
August 2023	1.6149	1.6420	1.6395
September 2023	1.6005	1.6274	1.6249
October 2023	1.6159	1.6430	1.6405
November 2023	1.6189	1.6460	1.6436
December 2023	1.6220	1.6491	1.6467
January 2024	1.6554	1.6849	1.6806
February 2024	1.6588	1.6883	1.6840
March 2024	1.6620	1.6916	1.6872
April 2024	1.6652	1.6949	1.6905
May 2024	1.6760	1.7058	1.7014
June 2024	1.6793	1.7091	1.7048

Example of Manual Rate Adjustment

Manual Rate	\$679.36
Average Age/Gender Factor	1.000
Average Industry Factor	1.000
Projection Period	1/1/2023
Trend Factor	10.70%

Group Information	Active	Medicare Primary
Age/Gender Factor	0.940	1.030
Industry Factor	0.965	1.000
Projection Period	7/1/2023	

Contract Conversion	Contract Distribution	Members	Tier Factor	"Contract Tiers"
Single	25	25	1	25
Two-Person	25	50	2.000	50
Family	50	197	2.782	139.09
	100	272		214.09

		Active	Medicare Primary
Manual Rate	A	\$679.36	\$497.79
Adjustment for Age/Gender	B = 0.94 / 1	0.9400	1.0300
Adjustment for Industry	C = 0.965 / 1	0.9650	1.0000
Adjustment for Trend	D = 10.7% for 6 months	1.0521	1.0521
Contract Conversion Factor	E = 214.09 / 272	1.2705	1.0000
Adjusted Manual Rate	F = A x B x C x D x E	\$823.76	\$539.45

PROJECTED 2023 MLR CALCULATION

BCBSVT

(A)	Manual Rate	\$679.36	Exhibit 4A
(B)	Rebates	\$39.62	Q3 2022 LG Actuarial Memorandum, Section 2.3
(C)	Estimated HCQ	\$2.70	2020 MLR Filing, untrended
(D)	State Mandates and Assessments	\$14.61	Calculation as described on Q3 2022 LG Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$657.04	= (A) – (B) + (C) + (D)
(F)	Projected Claims	\$654.34	= (A) – (B) + (D)
(G)	Net Cost of Reinsurance	\$2.09	Q3 2022 LG Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$58.63	Calculation as of January 2023, from Q3 2022 LG Exhibit 5A
(I)	GMCB Billbacks	\$2.31	Q3 2022 LG Actuarial Memorandum, Section 6.8
(J)	Patient-Centered Outcomes Research Institute	\$0.26	Q3 2022 LG Actuarial Memorandum, Section 6.9
(K)	Subtotal	\$717.63	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$734.16	= (K) / (1 - 0.008 - 0.015)
(M)	Commissions	\$5.52	= (L) x 0.8% (from 2020 MLR filing)
(N)	Contribution to Reserve	\$11.01	= (L) x 1.5% (from Q3 2022 LG Actuarial Memorandum, Section 6.6)
(O)	MLR Denominator	\$734.16	= (L)
(P)	MLR	89.5%	= (E) / (O)

TVHP

(A)	Manual Rate	\$679.36	Exhibit 4A
(B)	Rebates	\$39.62	Q3 2022 LG Actuarial Memorandum, Section 2.3
(C)	Estimated HCQ	\$6.43	2020 MLR Filing, untrended
(D)	State Mandates and Assessments	\$14.61	Calculation as described on Q3 2022 LG Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$660.77	= (A) – (B) + (C) + (D)
(F)	Projected Claims	\$654.34	= (A) – (B) + (D)
(G)	Net Cost of Reinsurance	\$2.09	Q3 2022 LG Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$58.63	Calculation as of January 2023, from Q3 2022 LG Exhibit 5A
(I)	GMCB Billbacks	\$2.31	Q3 2022 LG Actuarial Memorandum, Section 6.8
(J)	Patient-Centered Outcomes Research Institute	\$0.26	Q3 2022 LG Actuarial Memorandum, Section 6.9
(K)	Subtotal	\$717.63	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$744.98	= (J) / (1 - 0.017 - 0.020)
(M)	Commissions	\$12.45	= (L) x 1.7% (from 2020 MLR filing)
(N)	Contribution to Reserve	\$14.90	= (L) x 1.5% (from Q3 2022 LG Actuarial Memorandum, Section 6.6)
(O)	MLR Denominator	\$744.98	= (L)
(P)	MLR	88.7%	= (E) / (O)



Vermont Department of Financial Regulation

Health Filing Form F-106

NAIC#: 95696 Transmittal Date: 05/19/2022

Company Name: The Vermont Health Plan

Address: PO Box 186

City, State, Zip: Montpelier, VT 05601-0186

Phone: () (802) 371-3734 Contact Person: Greg Boulbol

4Q 2022 TVHP Large Group Unit Cost Trend Filing

Amends a previously filing, Departmental File No.:

Approval Date:

Type of Filing: Form(s) X Rate(s)

Completely and accurately identify this product filing. If one of the following categories does not describe the product filing, then add comments below (check all that apply):

- Accident Only, AD&D, Advertising, Blanket, Cancer Expense, Conversion, Critical Illness, Dental, Disability, Home Health Only, Hospital Indemnity, Limited Benefit, Long Term Care, Medicare Supplement, Miscellaneous, Nursing Home Only, Organ Transplant, Prescription Drug, Student/Athlete, Stop Loss/Excess Risk, Travel, Vision, X Other (explain)

Comments: Health

MANDATORY - Filing Fee Information:

- 1. State of Domicile: Vermont
2. A: Filing fee for the Company's State of Domicile: 150.00
B: Amount of filing fee being submitted with this filing: 150.00
3. Is this fee based on state of domicile's retaliatory fee? Yes No X

4. Explain how each part of the fee was determined, show all calculations (use a separate sheet if necessary):
Vermont filing fee

5. Fee calculated by: **(Print Name)** Greg Boulbol **(Signature)** /s/ Gregory J Boulbol

Failure to accurately and fully complete this form will result in the filing being **rejected**.

08/17

BLUE CROSS BLUE SHIELD OF VERMONT & THE VERMONT HEALTH PLAN
Q4 2022 LARGE GROUP UNIT COST TREND FILING
PLAIN LANGUAGE SUMMARY

Our mission and vision. Blue Cross and Blue Shield of Vermont (Blue Cross) is committed to giving our members access to high-value health care while responsibly managing healthcare costs. To that end, we seek to improve the health of Vermonters by promoting preventive care and healthy lifestyles. We use our strong care management program to assure better care for our members and avoid unnecessary costs. And we work with providers on strategies to improve health care services and reduce health care costs.

Blue Cross's vision is a transformed health care system in which every Vermonter has health care coverage, and receives timely, effective, affordable care. To achieve that vision, Blue Cross must be financially sound. That means we need to charge rates that cover the cost of providing health care to our members.

Rate request summary. Blue Cross and TVHP create large group premiums on a case-by-case basis. The rating process uses a formula that blends recent claims experience for each group with a manual rate. This filing updates the medical trend factors and manual rate that will be used to create large group renewals.

- There are an estimated 3,300 contracts (6,000 members) currently enrolled in one of 35 Blue Cross large group plans that will be affected by this filing.
- TVHP has an estimated 200 contracts (400 members) enrolled in three large group plans that will be affected by this filing.
- The factors in this filing will increase premium 2.9 percent for a group that is manually-rated using none of its own experience data.

Reasons for the change in factors. The only change to this filing is to incorporate the expected increases for Vermont and New Hampshire hospitals in the next round of cost increases. Specifically:

- Blue Cross and TVHP are proposing a paid trend of 10.7 percent for medical claims, which includes hospital unit cost increases and anticipated changes in the use of services.
- The higher paid trend factors results in a manual rate increase of 2.9 percent.

Our efforts to reduce premium increases. We know that paying for health insurance is a struggle for many, and we strive to keep premiums as low as possible. The proposed factors reflect our efforts to reduce rate increases, which included the launch of Vermont Blue Rx, an innovative prescription drug benefit service that will improve the consumer experience, drive better health outcomes and lower costs for members, providers, and employers.

Our experience in this market. Over the past five years, Blue Cross has lost almost \$23 million on this line of business. Blue Cross has not included any additional contribution to member reserves to offset this loss.

Our health care system must be adequately funded in order to keep it strong and accessible. Since the factors that determine premiums are primarily the cost and utilization of health care, we believe that there is no way to further reduce the filed factors without underfunding the health care coverage on which Vermonters rely.

Public comment. Members of the public can submit comments to the Green Mountain Care Board about this rate request. For more information, please visit the Board's Public Comment page: https://ratereview.vermont.gov/public_comment

Please provide Company specific inputs for any cells shaded in blue.

Field Name	Description	Input
Insurance Company Name	Company Name	The Vermont Health Plan
HIOS ID	5 digit HIOS ID (if applicable)	99852
SERFF Filing Number	Filing number assigned by SERFF	BCVT-133270485
Market	Market type: Individual, Small Group, Large Group etc.	Large Group
Product Name	Product name entered in SERFF	Q4 2022 TVHP Large Group Unit Cost Trend Filing
Period Prior to Experience Period Start Date	Beginning date for the 12 month period preceding the base period experience (MM/DD/YYYY)	9/1/2019
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	8/31/2020
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	9/1/2020
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	8/31/2021
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2023
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2023

Insurance Company Name	The Vermont Health Plan
HIOS ID	99852
SERFF Filing Number	BCVT-133270485
Market	Large Group
Product Name	Q4 2022 TVHP Large Group Unit Cost Trend Filing

Prescription Drug Costs as Percentage of Premium¹
Enter PMPM drug costs incurred during the below periods for the following prescription drug tiers **dispensed only at a pharmacy, network pharmacy, or mail-order pharmacy**. Additionally, enter the total premium PMPM and member months for each period.

Gross of Member Cost Sharing and Rebates (Allowed Basis)						
	Experience Period -1		Experience Period		Projection Period	
	09/01/2019-08/31/2020		09/01/2020-08/31/2021		01/01/2023-12/31/2023	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$16.99	\$1.03	\$16.77	\$0.97	\$15.62	\$0.90
(III) Non-Specialty Brand PMPM	\$38.54	\$4.21	\$44.32	\$3.88	\$49.88	\$4.37
Specialty PMPM	\$31.22	\$14.10	\$43.74	\$6.02	\$60.37	\$8.31
(B) Medical Rx PMPM	\$49.37		\$71.47		\$83.28	
Total (Medical and Rx) Premium PMPM	\$508.69		\$548.92		\$714.51	
(I) Non-Specialty Generic % of Premium	3.34%	0.20%	3.06%	0.18%	2.19%	0.13%
(I) Non-Specialty Brand % of Premium	7.58%	0.83%	8.07%	0.71%	6.98%	0.61%
Specialty Total % of Premium	6.14%	2.77%	7.97%	1.10%	8.45%	1.16%
(B) Medical Rx PMPM	9.70%		13.02%		11.66%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.29%	-0.03%	-0.87%	-0.05%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			0.50%	-0.12%	-1.09%	-0.10%
Specialty % of Premium Change vs Prior Period			1.83%	-1.67%	0.48%	0.07%
(B) Medical Rx % of Premium Change vs Prior Period			3.31%		-1.36%	

Net of Member Cost Sharing (Paid Amount), Gross of Rebates						
	Experience Period -1		Experience Period		Projection Period	
	09/01/2019-08/31/2020		09/01/2020-08/31/2021		01/01/2023-12/31/2023	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$10.97	\$0.65	\$11.05	\$0.69	\$10.43	\$0.65
(III) Non-Specialty Brand PMPM	\$34.15	\$3.98	\$39.55	\$3.69	\$45.11	\$4.21
Specialty PMPM	\$30.54	\$13.58	\$42.60	\$5.78	\$59.60	\$8.08
(B) Medical Rx PMPM	\$47.12		\$69.22		\$83.05	
Total Medical and Rx Premium PMPM	\$508.69		\$548.92		\$714.51	
(I) Non-Specialty Generic % of Premium	2.16%	0.13%	2.01%	0.12%	1.46%	0.09%
(I) Non-Specialty Brand % of Premium	6.71%	0.78%	7.20%	0.67%	6.31%	0.59%
Specialty Total % of Premium	6.00%	2.67%	7.76%	1.05%	8.34%	1.13%
(B) Medical Rx PMPM	9.26%		12.61%		11.62%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.14%	0.00%	-0.55%	-0.03%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			0.49%	-0.11%	-0.89%	-0.08%
Specialty % of Premium Change vs Prior Period			1.76%	-1.62%	0.58%	0.08%
(B) Medical Rx % of Premium Change vs Prior Period			3.35%		-0.99%	

¹ **Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(i) for all covered prescription drugs, including generic drugs, brand-name drugs excluding specialty drugs, and specialty drugs dispensed at a pharmacy, network pharmacy, or mail-order pharmacy for outpatient use:

(I) the percentage of the premium rate attributable to prescription drug costs for the prior year for each category of prescription drugs;

(II) the year-over-year increase or decrease, expressed as a percentage, in per-member, per-month total health plan spending on each category of prescription drugs; and

(III) the year-over-year increase or decrease in per-member, per-month costs for prescription drugs compared to other components of the premium rate.

(B) The insurer shall provide, if available, the percentage of the premium rate attributable to prescription drugs administered by a health care provider in an outpatient setting that are part of the medical benefit as separate from the pharmacy benefit.

Insurance Company Name	The Vermont Health Plan	
HIOS ID		99852
SERFF Filing Number	BCVT-133270485	
Market	Large Group	
Product Name	Q4 2022 TVHP Large Group Unit Cost Trend Filing	

Vermont Statute 8 V.S.A. § 4062

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(ii) the specialty tier formulary list.

Specialty Formulary List
Provide the specialty formulary information listed below.

Drug Name	Drug Tier	Formulary Name (if multiple formularies are used)
ABIRATERONE	ORAL-CHEMO	Blue Cross Formulary
ABIRATERONE	ORAL-CHEMO	National Performance Formulary
ABRAXANE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ABRAXANE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTEMRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTEMRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTHAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTHAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTIMMUNE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTIMMUNE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADAKVEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADAKVEO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADEFOV	GENERIC-SPECIALTY	Blue Cross Formulary
ADEFOV	GENERIC-SPECIALTY	National Performance Formulary
ADEMPAS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADEMPAS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADRIAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
ADRIAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
ADVATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADVATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADYNOVATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADYNOVATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AFINITOR	ORAL-CHEMO	Blue Cross Formulary
AFINITOR	ORAL-CHEMO	National Performance Formulary
AFSTYLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AFSTYLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALDURAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALDURAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALECENSA	ORAL-CHEMO	Blue Cross Formulary
ALECENSA	ORAL-CHEMO	National Performance Formulary
ALFERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALFERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALIMTA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIMTA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALIQOPA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIQOPA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALKERAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALKERAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALKERAN	ORAL-CHEMO	Blue Cross Formulary
ALKERAN	ORAL-CHEMO	National Performance Formulary
ALPHANATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPHANATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALPHANINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPHANINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALPROLIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPROLIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALUNBRIG	ORAL-CHEMO	Blue Cross Formulary
ALUNBRIG	ORAL-CHEMO	National Performance Formulary
ALYQ	GENERIC-SPECIALTY	Blue Cross Formulary
ALYQ	GENERIC-SPECIALTY	National Performance Formulary
AMBRISENTAN	GENERIC-SPECIALTY	Blue Cross Formulary
AMBRISENTAN	GENERIC-SPECIALTY	National Performance Formulary
AMPYRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMPYRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
APOKYN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
APOKYN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARALAST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

ARALAST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARANESP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARANESP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIXTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIXTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARRANON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARRANON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARSENIC	GENERIC-SPECIALTY	Blue Cross Formulary
ARSENIC	GENERIC-SPECIALTY	National Performance Formulary
ARZERRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARZERRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASCENIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASTAGRAF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASTAGRAF	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ATGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ATGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AUBAGIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AUBAGIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AUSTEDO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AUSTEDO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVASTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVASTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVONEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVONEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVSOLA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVSOLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AYVAKIT	ORAL-CHEMO	Blue Cross Formulary
AYVAKIT	ORAL-CHEMO	National Performance Formulary
AZACITIDINE	GENERIC-SPECIALTY	Blue Cross Formulary
AZACITIDINE	GENERIC-SPECIALTY	National Performance Formulary
BAFIERTAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BAFIERTAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BALVERSA	ORAL-CHEMO	Blue Cross Formulary
BALVERSA	ORAL-CHEMO	National Performance Formulary
BARACLUDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BARACLUDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BAVENCIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BAVENCIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BELEODAQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BELEODAQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BELRAPZO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENDEKA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENDEKA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BENEFIX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENEFIX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BENLYSTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENLYSTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEOVU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BERINERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BERINERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BESPONSА	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BESPONSА	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BETHKIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETHKIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEVACIZUMAB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BEVACIZUMAB	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEVACIZUMAB	TIER 03	Blue Cross Formulary
BEVACIZUMAB	TIER 03	National Performance Formulary
BEXAROTENE	ORAL-CHEMO	Blue Cross Formulary
BEXAROTENE	ORAL-CHEMO	National Performance Formulary
BICNU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BICNU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BIVIGAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BIVIGAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BLNREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BLNREP	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BLEOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
BLEOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
BLINCYTO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BLINCYTO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

BORTEZOMIB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BORTEZOMIB	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BOSENTAN	GENERIC-SPECIALTY	Blue Cross Formulary
BOSENTAN	GENERIC-SPECIALTY	National Performance Formulary
BOSULIF	ORAL-CHEMO	Blue Cross Formulary
BOSULIF	ORAL-CHEMO	National Performance Formulary
BOTOX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BOTOX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRAFTOVI	ORAL-CHEMO	Blue Cross Formulary
BRAFTOVI	ORAL-CHEMO	National Performance Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRUKINSA	ORAL-CHEMO	Blue Cross Formulary
BRUKINSA	ORAL-CHEMO	National Performance Formulary
BUPHENYL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BUPHENYL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BUSULFAN	GENERIC-SPECIALTY	Blue Cross Formulary
BUSULFAN	GENERIC-SPECIALTY	National Performance Formulary
BUSULFEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BUSULFEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CABOMETYX	ORAL-CHEMO	Blue Cross Formulary
CABOMETYX	ORAL-CHEMO	National Performance Formulary
CALQUENCE	ORAL-CHEMO	Blue Cross Formulary
CALQUENCE	ORAL-CHEMO	National Performance Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAPECITABINE	ORAL-CHEMO	Blue Cross Formulary
CAPECITABINE	ORAL-CHEMO	National Performance Formulary
CAPRELSA	ORAL-CHEMO	Blue Cross Formulary
CAPRELSA	ORAL-CHEMO	National Performance Formulary
CARBAGLU	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CARBAGLU	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CARBOPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
CARBOPLATIN	GENERIC-SPECIALTY	National Performance Formulary
CARMUSTINE	GENERIC-SPECIALTY	Blue Cross Formulary
CARMUSTINE	GENERIC-SPECIALTY	National Performance Formulary
CAYSTON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAYSTON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CELLCEPT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CELLCEPT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CEREZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CEREZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CETROTIDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHENODAL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHENODAL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CHOLBAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHOLBAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CHOR	GENERIC-SPECIALTY	Blue Cross Formulary
CHOR	GENERIC-SPECIALTY	National Performance Formulary
CIMZIA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CIMZIA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CINQAIR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CINQAIR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CINRYZE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CINRYZE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CISPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
CISPLATIN	GENERIC-SPECIALTY	National Performance Formulary
CISPLATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CISPLATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CLADRIBINE	GENERIC-SPECIALTY	Blue Cross Formulary
CLADRIBINE	GENERIC-SPECIALTY	National Performance Formulary
CLOFARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
CLOFARABINE	GENERIC-SPECIALTY	National Performance Formulary
CLOLAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CLOLAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CLOVIQUE	GENERIC-SPECIALTY	Blue Cross Formulary
CLOVIQUE	GENERIC-SPECIALTY	National Performance Formulary
COAGADEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COAGADEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COMETRIQ	ORAL-CHEMO	Blue Cross Formulary
COMETRIQ	ORAL-CHEMO	National Performance Formulary
COPAXONE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

COPAXONE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COPIKTRA	ORAL-CHEMO	Blue Cross Formulary
COPIKTRA	ORAL-CHEMO	National Performance Formulary
CORIFACT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CORIFACT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COSENTYX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSMEGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSMEGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COTELLIC	ORAL-CHEMO	Blue Cross Formulary
COTELLIC	ORAL-CHEMO	National Performance Formulary
CRYSVITA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CRYSVITA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CUPRIMINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUPRIMINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CUTAQUIG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOPHOSPH	GENERIC-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPH	GENERIC-SPECIALTY	National Performance Formulary
CYCLOPHOSPH	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPH	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOPHOSPHA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPHA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOSPORINE	GENERIC-SPECIALTY	Blue Cross Formulary
CYCLOSPORINE	GENERIC-SPECIALTY	National Performance Formulary
CYRAMZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYRAMZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTADANE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTADANE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTADROPS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTADROPS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTAGON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTAGON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTARAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTARAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYTARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
CYTARABINE	GENERIC-SPECIALTY	National Performance Formulary
CYTOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYTOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DACARBAZINE	GENERIC-SPECIALTY	Blue Cross Formulary
DACARBAZINE	GENERIC-SPECIALTY	National Performance Formulary
DACOGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DACOGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DACTINOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
DACTINOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
DALFAMPRIDIN	GENERIC-SPECIALTY	Blue Cross Formulary
DALFAMPRIDIN	GENERIC-SPECIALTY	National Performance Formulary
DANYELZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DANYELZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DARAPRIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DARAPRIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DARZALEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DARZALEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DAUNORUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
DAUNORUBICIN	GENERIC-SPECIALTY	National Performance Formulary
DAURISMO	ORAL-CHEMO	Blue Cross Formulary
DAURISMO	ORAL-CHEMO	National Performance Formulary
DECITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
DECITABINE	GENERIC-SPECIALTY	National Performance Formulary
DEPEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DEPEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DEXRAZOXANE	GENERIC-SPECIALTY	Blue Cross Formulary
DEXRAZOXANE	GENERIC-SPECIALTY	National Performance Formulary
DEXTENZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DEXTENZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DIMETHYL	GENERIC-SPECIALTY	Blue Cross Formulary
DIMETHYL	GENERIC-SPECIALTY	National Performance Formulary
DOCETAXEL	GENERIC-SPECIALTY	Blue Cross Formulary
DOCETAXEL	GENERIC-SPECIALTY	National Performance Formulary
DOPTELET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DOPTELET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DOXIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DOXIL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DOXORUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary

DOXORUBICIN	GENERIC-SPECIALTY	National Performance Formulary
DUPIXENT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DUPIXENT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DUROLANE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DUROLANE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DYSPORT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DYSPORT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELAPRASE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELAPRASE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELELYSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELELYSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELIGARD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELIGARD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELITEK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELITEK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELLENC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELLENC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELOCTATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELOCTATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELZONRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELZONRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMFLAZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMFLAZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMPLICITI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMPLICITI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENBREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENBREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENHERTU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENHERTU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENOXAPARIN	GENERIC-SPECIALTY	Blue Cross Formulary
ENOXAPARIN	GENERIC-SPECIALTY	National Performance Formulary
ENSPRYNG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENSPRYNG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENTECAVIR	GENERIC-SPECIALTY	Blue Cross Formulary
ENTECAVIR	GENERIC-SPECIALTY	National Performance Formulary
ENTYVIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENTYVIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENVARBUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENVARBUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPCLUSA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPCLUSA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIDIOLEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIDIOLEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIRUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
EPIRUBICIN	GENERIC-SPECIALTY	National Performance Formulary
EPIVIR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIVIR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIVIR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIVIR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPOGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPOPROSTENOL	GENERIC-SPECIALTY	Blue Cross Formulary
EPOPROSTENOL	GENERIC-SPECIALTY	National Performance Formulary
ERBITUX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ERBITUX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ERIVEDGE	ORAL-CHEMO	Blue Cross Formulary
ERIVEDGE	ORAL-CHEMO	National Performance Formulary
ERLEADA	ORAL-CHEMO	Blue Cross Formulary
ERLOTINIB	ORAL-CHEMO	Blue Cross Formulary
ERLOTINIB	ORAL-CHEMO	National Performance Formulary
ESBRIET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ESBRIET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ESPROCT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ETOPOPHOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ETOPOPHOS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ETOPOSIDE	GENERIC-SPECIALTY	Blue Cross Formulary
ETOPOSIDE	GENERIC-SPECIALTY	National Performance Formulary
ETOPOSIDE	ORAL-CHEMO	Blue Cross Formulary
ETOPOSIDE	ORAL-CHEMO	National Performance Formulary
EUFLEXA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EUFLEXA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVENITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVENITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVEROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
EVEROLIMUS	GENERIC-SPECIALTY	National Performance Formulary

EVEROLIMUS	ORAL-CHEMO	Blue Cross Formulary
EVEROLIMUS	ORAL-CHEMO	National Performance Formulary
EVKEEZA	TIER 03	Blue Cross Formulary
EVKEEZA	TIER 03	National Performance Formulary
EVOMELA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVOMELA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVRYSDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVRYSDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EXONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EXTAVIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EYLEA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EYLEA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FABRAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FABRAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FARYDAK	ORAL-CHEMO	Blue Cross Formulary
FARYDAK	ORAL-CHEMO	National Performance Formulary
FASENRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FASENRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FASLODEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FASLODEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FEIBA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FEIBA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FENSOLVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FENSOLVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FIBRYGA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIBRYGA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FIRAZYR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIRAZYR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FIRDAPSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIRMAGON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIRMAGON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLEBOGAMMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FLEBOGAMMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FOLAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLOXURIDINE	GENERIC-SPECIALTY	Blue Cross Formulary
FLOXURIDINE	GENERIC-SPECIALTY	National Performance Formulary
FLUDARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
FLUDARABINE	GENERIC-SPECIALTY	National Performance Formulary
FLUOROURACIL	GENERIC-SPECIALTY	Blue Cross Formulary
FLUOROURACIL	GENERIC-SPECIALTY	National Performance Formulary
FOLLISTIM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLLISTIM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FOLOTYN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLOTYN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FONDAPARINUX	GENERIC-SPECIALTY	Blue Cross Formulary
FONDAPARINUX	GENERIC-SPECIALTY	National Performance Formulary
FORTEO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FORTEO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FRAGMIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FRAGMIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FULPHILA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FULVESTRANT	GENERIC-SPECIALTY	Blue Cross Formulary
FULVESTRANT	GENERIC-SPECIALTY	National Performance Formulary
GALAFOLD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GALAFOLD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMASTAN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMASTAN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMIFANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMIFANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAGARD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAGARD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAKED	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAKED	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAPLEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAPLEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMUNEX-C	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMUNEX-C	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GANIRELIX	GENERIC-SPECIALTY	Blue Cross Formulary
GANIRELIX	GENERIC-SPECIALTY	National Performance Formulary
GATTEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GATTEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAZYVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAZYVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

GEL-ONE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GELSYN-3	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GELSYN-3	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GEMCITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
GEMCITABINE	GENERIC-SPECIALTY	National Performance Formulary
GENGRAF	GENERIC-SPECIALTY	Blue Cross Formulary
GENGRAF	GENERIC-SPECIALTY	National Performance Formulary
GENOTROPIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GENVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GILENYA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GILENYA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GILOTRIF	ORAL-CHEMO	Blue Cross Formulary
GILOTRIF	ORAL-CHEMO	National Performance Formulary
GIVLAARI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GIVLAARI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GLASSIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GLASSIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GLATIRAMER	GENERIC-SPECIALTY	Blue Cross Formulary
GLATIRAMER	GENERIC-SPECIALTY	National Performance Formulary
GLATOPA	GENERIC-SPECIALTY	Blue Cross Formulary
GLATOPA	GENERIC-SPECIALTY	National Performance Formulary
GLEOSTINE	ORAL-CHEMO	Blue Cross Formulary
GLEOSTINE	ORAL-CHEMO	National Performance Formulary
GONAL-F	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GRANIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HAEGARDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HAEGARDA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HALAVEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HALAVEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HARVONI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HARVONI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEMLIBRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEMLIBRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEMOFIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEMOFIL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEPSERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEPSERA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERCEP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HERCEP	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERCEPTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HERCEPTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERZUMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HETLIOZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HETLIOZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HIZENTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HIZENTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HUMATE-P	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMATE-P	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HUMATROPE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMIRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMIRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYCAMTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYCAMTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYCAMTIN	ORAL-CHEMO	Blue Cross Formulary
HYCAMTIN	ORAL-CHEMO	National Performance Formulary
HYDROXY	GENERIC-SPECIALTY	Blue Cross Formulary
HYDROXY	GENERIC-SPECIALTY	National Performance Formulary
HYDROXYPROG	GENERIC-SPECIALTY	Blue Cross Formulary
HYDROXYPROG	GENERIC-SPECIALTY	National Performance Formulary
HYMOVIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYPERRHO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYPERRHO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYQVIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYQVIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IBRANCE	ORAL-CHEMO	Blue Cross Formulary
IBRANCE	ORAL-CHEMO	National Performance Formulary
ICATIBANT	GENERIC-SPECIALTY	Blue Cross Formulary
ICATIBANT	GENERIC-SPECIALTY	National Performance Formulary
ICLUSIG	ORAL-CHEMO	Blue Cross Formulary
ICLUSIG	ORAL-CHEMO	National Performance Formulary
IDAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IDAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IDARUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
IDARUBICIN	GENERIC-SPECIALTY	National Performance Formulary
IDELVION	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IDELVION	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

IDHIFA	ORAL-CHEMO	Blue Cross Formulary
IDHIFA	ORAL-CHEMO	National Performance Formulary
IFEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IFEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IFOSFAMIDE	GENERIC-SPECIALTY	Blue Cross Formulary
IFOSFAMIDE	GENERIC-SPECIALTY	National Performance Formulary
ILARIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILARIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ILUMYA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILUMYA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ILUVIEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILUVIEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IMATINIB	ORAL-CHEMO	Blue Cross Formulary
IMATINIB	ORAL-CHEMO	National Performance Formulary
IMBRUVICA	ORAL-CHEMO	Blue Cross Formulary
IMBRUVICA	ORAL-CHEMO	National Performance Formulary
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IMLYGIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMLYGIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INBRIJA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INBRIJA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INCRELEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INCRELEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INFLECTRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFLECTRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INFUGEM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFUGEM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INGREZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INGREZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INLYTA	ORAL-CHEMO	Blue Cross Formulary
INLYTA	ORAL-CHEMO	National Performance Formulary
INQOVI	ORAL-CHEMO	Blue Cross Formulary
INQOVI	ORAL-CHEMO	National Performance Formulary
INREBIC	ORAL-CHEMO	Blue Cross Formulary
INREBIC	ORAL-CHEMO	National Performance Formulary
INTRON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INTRON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IRESSA	ORAL-CHEMO	Blue Cross Formulary
IRESSA	ORAL-CHEMO	National Performance Formulary
IRINOTECAN	GENERIC-SPECIALTY	Blue Cross Formulary
IRINOTECAN	GENERIC-SPECIALTY	National Performance Formulary
ISTODAX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ISTODAX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ISTURISA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXEMPRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXEMPRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IXINITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXINITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JAKAFI	ORAL-CHEMO	Blue Cross Formulary
JAKAFI	ORAL-CHEMO	National Performance Formulary
JELMYTO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JELMYTO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JEVTANA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JEVTANA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JIVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JYNARQUE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JYNARQUE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KADCYLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KADCYLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KALBITOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KALBITOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KALYDECO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KALYDECO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KANJINTI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KANJINTI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KANUMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KANUMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEPIVANCE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEPIVANCE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KESIMPTA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KESIMPTA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEVEYIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

KEYEYIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEVZARA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEVZARA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEYTRUDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEYTRUDA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KHAPZORY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KHAPZORY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KINERET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KINERET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KISQALI	ORAL-CHEMO	Blue Cross Formulary
KISQALI	ORAL-CHEMO	National Performance Formulary
KITABIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOATE-DVI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE-DVI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOGENATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOGENATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KORLYM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KORLYM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOSELUGO	ORAL-CHEMO	Blue Cross Formulary
KOSELUGO	ORAL-CHEMO	National Performance Formulary
KOVALTRY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOVALTRY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KUVAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KUVAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KYMRIAH	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYMRIAH	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KYNMOBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYNMOBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KYPROLIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYPROLIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LAMIVUDINE	GENERIC-SPECIALTY	Blue Cross Formulary
LAMIVUDINE	GENERIC-SPECIALTY	National Performance Formulary
LAPATINIB	ORAL-CHEMO	Blue Cross Formulary
LAPATINIB	ORAL-CHEMO	National Performance Formulary
LEDIP-SOFOSB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEMTRADA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEMTRADA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LENVIMA	ORAL-CHEMO	Blue Cross Formulary
LENVIMA	ORAL-CHEMO	National Performance Formulary
LEUKINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEUKINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LEUPROLIDE	GENERIC-SPECIALTY	Blue Cross Formulary
LEUPROLIDE	GENERIC-SPECIALTY	National Performance Formulary
LEVOLEUCOVOR	GENERIC-SPECIALTY	Blue Cross Formulary
LEVOLEUCOVOR	GENERIC-SPECIALTY	National Performance Formulary
LIBTAYO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LIBTAYO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LONSURF	ORAL-CHEMO	Blue Cross Formulary
LONSURF	ORAL-CHEMO	National Performance Formulary
LORBRENA	ORAL-CHEMO	Blue Cross Formulary
LORBRENA	ORAL-CHEMO	National Performance Formulary
LOVENOX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LOVENOX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUCENTIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUCENTIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUMIZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMIZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUMOXITI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMOXITI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPANETA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPANETA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPRON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPRON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPRON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPRON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUXTURNA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUXTURNA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LYNPARZA	ORAL-CHEMO	Blue Cross Formulary

LYNPARZA	ORAL-CHEMO	National Performance Formulary
MAKENA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAKENA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MARQIBO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MARQIBO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MATULANE	ORAL-CHEMO	Blue Cross Formulary
MATULANE	ORAL-CHEMO	National Performance Formulary
MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MAVYRET	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAVYRET	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MAYZENT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAYZENT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MEKINIST	ORAL-CHEMO	Blue Cross Formulary
MEKINIST	ORAL-CHEMO	National Performance Formulary
MEKTOVI	ORAL-CHEMO	Blue Cross Formulary
MEKTOVI	ORAL-CHEMO	National Performance Formulary
MELPHALAN	GENERIC-SPECIALTY	Blue Cross Formulary
MELPHALAN	GENERIC-SPECIALTY	National Performance Formulary
MELPHALAN	ORAL-CHEMO	Blue Cross Formulary
MELPHALAN	ORAL-CHEMO	National Performance Formulary
MENOPUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MENOPUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MEPSEVII	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MEPSEVII	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MESNA	GENERIC-SPECIALTY	Blue Cross Formulary
MESNA	GENERIC-SPECIALTY	National Performance Formulary
MESNEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MESNEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MESNEX	ORAL-CHEMO	Blue Cross Formulary
MESNEX	ORAL-CHEMO	National Performance Formulary
MICRHOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MICRHOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MIGLUSTAT	GENERIC-SPECIALTY	Blue Cross Formulary
MIGLUSTAT	GENERIC-SPECIALTY	National Performance Formulary
MIRCERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MIRCERA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MITOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
MITOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
MITOMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MITOMYCIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MITOXANTRON	GENERIC-SPECIALTY	Blue Cross Formulary
MITOXANTRON	GENERIC-SPECIALTY	National Performance Formulary
MONJUVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MONJUVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MONONINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MONONINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MONOVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MOZOBIL	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MOZOBIL	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MULPLETA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MULPLETA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MUTAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
MUTAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
MVASI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MVASI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYALEPT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYALEPT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYCAPSSA	TIER 03	Blue Cross Formulary
MYCOPHENOLAT	GENERIC-SPECIALTY	Blue Cross Formulary
MYCOPHENOLAT	GENERIC-SPECIALTY	National Performance Formulary
MYCOPHENOLIC	GENERIC-SPECIALTY	Blue Cross Formulary
MYCOPHENOLIC	GENERIC-SPECIALTY	National Performance Formulary
MYFORTIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYFORTIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYOBLOC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYOBLOC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NAGLAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NAGLAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NATPARA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NATPARA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NAVELBINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NAVELBINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NEORAL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

NEORAL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NERLYNX	ORAL-CHEMO	Blue Cross Formulary
NERLYNX	ORAL-CHEMO	National Performance Formulary
NEULASTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEULASTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NEUPOGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEXAVAR	ORAL-CHEMO	Blue Cross Formulary
NEXAVAR	ORAL-CHEMO	National Performance Formulary
NILANDRON	ORAL-CHEMO	Blue Cross Formulary
NILANDRON	ORAL-CHEMO	National Performance Formulary
NILUTAMIDE	ORAL-CHEMO	Blue Cross Formulary
NILUTAMIDE	ORAL-CHEMO	National Performance Formulary
NINLARO	ORAL-CHEMO	Blue Cross Formulary
NINLARO	ORAL-CHEMO	National Performance Formulary
NIPENT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NIPENT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NITISINONE	GENERIC-SPECIALTY	Blue Cross Formulary
NITISINONE	GENERIC-SPECIALTY	National Performance Formulary
NITYR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NITYR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NIVESTYM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NIVESTYM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NORDITROPIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NORDITROPIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NORTHERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NORTHERA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVAREL	GENERIC-SPECIALTY	Blue Cross Formulary
NOVAREL	GENERIC-SPECIALTY	National Performance Formulary
NOVAREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVAREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVOEIGHT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVOEIGHT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVOSEVEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVOSEVEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NPLATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NPLATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUBEQA	ORAL-CHEMO	Blue Cross Formulary
NUBEQA	ORAL-CHEMO	National Performance Formulary
NUCALA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUCALA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NULOJIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NULOJIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUTROPIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUTROPIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OBIZUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OBIZUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCALIVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCALIVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCREVUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCREVUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCTAGAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCTAGAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCTREOTIDE	GENERIC-SPECIALTY	Blue Cross Formulary
OCTREOTIDE	GENERIC-SPECIALTY	National Performance Formulary
ODOMZO	ORAL-CHEMO	Blue Cross Formulary
ODOMZO	ORAL-CHEMO	National Performance Formulary
OFEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OFEV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OGIVRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OLUMIANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OMNITROPE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONCASPAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONCASPAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONIVYDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONIVYDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONPATTRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONPATTRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONTRUZANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONUREG	ORAL-CHEMO	Blue Cross Formulary
ONUREG	ORAL-CHEMO	National Performance Formulary
OPDIVO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPDIVO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OPSUMIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPSUMIT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary

ORENCIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORENCIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORENITRAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORENITRAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORFADIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORFADIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORTHOVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OTEZLA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OTEZLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OVIDREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OVIDREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OXALIPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
OXALIPLATIN	GENERIC-SPECIALTY	National Performance Formulary
OXBRYTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXERVATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXERVATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OXLUMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXLUMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OZURDEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OZURDEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PACLITAXEL	GENERIC-SPECIALTY	Blue Cross Formulary
PACLITAXEL	GENERIC-SPECIALTY	National Performance Formulary
PADCEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PADCEV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PALFORZIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PAMIDRONATE	GENERIC-SPECIALTY	Blue Cross Formulary
PAMIDRONATE	GENERIC-SPECIALTY	National Performance Formulary
PANZYGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARAPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
PARAPLATIN	GENERIC-SPECIALTY	National Performance Formulary
PARSABIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARSABIV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEGASYS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PEGASYS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEMAZYRE	ORAL-CHEMO	Blue Cross Formulary
PEMAZYRE	ORAL-CHEMO	National Performance Formulary
PENICILLAMIN	GENERIC-SPECIALTY	Blue Cross Formulary
PENICILLAMIN	GENERIC-SPECIALTY	National Performance Formulary
PERJETA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PERJETA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PHENYL BUTYRA	GENERIC-SPECIALTY	Blue Cross Formulary
PHENYL BUTYRA	GENERIC-SPECIALTY	National Performance Formulary
PHESGO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PHESGO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PHOTOFRIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PHOTOFRIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PIQRAY	ORAL-CHEMO	Blue Cross Formulary
PIQRAY	ORAL-CHEMO	National Performance Formulary
PLEGRIDY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POLIVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POLIVY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
POMALYST	ORAL-CHEMO	Blue Cross Formulary
POMALYST	ORAL-CHEMO	National Performance Formulary
PORTRAZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PORTRAZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
POTELIGEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POTELIGEO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PREGNYL	GENERIC-SPECIALTY	Blue Cross Formulary
PREGNYL	GENERIC-SPECIALTY	National Performance Formulary
PREVMIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PREVMIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROCRIT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROCRIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROCYSBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROCYSBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROFILNINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROFILNINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROGRAF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROGRAF	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLASTIN-C	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

PROLASTIN-C	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLEUKIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLEUKIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLIA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLIA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROMACTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROMACTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROVENGE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROVENGE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PULMOZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PULMOZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PURIXAN	ORAL-CHEMO	Blue Cross Formulary
PURIXAN	ORAL-CHEMO	National Performance Formulary
PYRIMETHAMIN	GENERIC-SPECIALTY	Blue Cross Formulary
PYRIMETHAMIN	GENERIC-SPECIALTY	National Performance Formulary
QINLOCK	ORAL-CHEMO	Blue Cross Formulary
QINLOCK	ORAL-CHEMO	National Performance Formulary
RADICAVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RADICAVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RAPAMUNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RAPAMUNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RAVICTI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RAVICTI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REBIF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBINYN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBINYN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REBLOZYL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBLOZYL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECLAST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RECLAST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECOMBINATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RECOMBINATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REMICADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REMODULIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RENFLEXIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RENFLEXIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RETACRIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETACRIT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RETEVMO	ORAL-CHEMO	Blue Cross Formulary
RETEVMO	ORAL-CHEMO	National Performance Formulary
RETISERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETISERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVATIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REVATIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVCOVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REVCOVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVLIMID	ORAL-CHEMO	Blue Cross Formulary
REVLIMID	ORAL-CHEMO	National Performance Formulary
RHOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RHOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIASTAP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIASTAP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIBAVIRIN	GENERIC-SPECIALTY	Blue Cross Formulary
RIBAVIRIN	GENERIC-SPECIALTY	National Performance Formulary
RIDAURA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIDAURA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RINVOQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RINVOQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RITUXAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RITUXAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIXUBIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIXUBIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ROMIDEPSIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ROMIDEPSIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ROZLYTREK	ORAL-CHEMO	Blue Cross Formulary
ROZLYTREK	ORAL-CHEMO	National Performance Formulary
RUBRACA	ORAL-CHEMO	Blue Cross Formulary
RUBRACA	ORAL-CHEMO	National Performance Formulary
RUCONEST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RUCONEST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RUXIENCE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RUXIENCE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RUZURGI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RUZURGI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RYDAPT	ORAL-CHEMO	Blue Cross Formulary
RYDAPT	ORAL-CHEMO	National Performance Formulary

SAIZEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAIZENPREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAMSCA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDIMMUNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDIMMUNE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAPROPTERIN	GENERIC-SPECIALTY	Blue Cross Formulary
SAPROPTERIN	GENERIC-SPECIALTY	National Performance Formulary
SARCLISA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SARCLISA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SCENESSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SCENESSE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SEROSTIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SEROSTIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SEVENFACT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SEVENFACT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIGNIFOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIGNIFOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SILDENAFIL	GENERIC-SPECIALTY	Blue Cross Formulary
SILDENAFIL	GENERIC-SPECIALTY	National Performance Formulary
SILIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SILIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIMPONI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIMPONI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
SIROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SODIUM	GENERIC-SPECIALTY	Blue Cross Formulary
SODIUM	GENERIC-SPECIALTY	National Performance Formulary
SOFOS/VELPAT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOLIRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOLIRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOMATULINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOMATULINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOMAVERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOMAVERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOVALDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOVALDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPRAVATO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SPRAVATO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPRYCEL	ORAL-CHEMO	Blue Cross Formulary
SPRYCEL	ORAL-CHEMO	National Performance Formulary
STELARA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
STELARA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
STIVARGA	ORAL-CHEMO	Blue Cross Formulary
STIVARGA	ORAL-CHEMO	National Performance Formulary
STRENSIQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
STRENSIQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUBLOCADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUBLOCADE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUCRAID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUCRAID	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUPARTZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUPPRELIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUPPRELIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUTENT	ORAL-CHEMO	Blue Cross Formulary
SUTENT	ORAL-CHEMO	National Performance Formulary
SYLVANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYLVANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYMDEKO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYMDEKO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNAGIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNAGIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNRIBO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNRIBO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TABLOID	ORAL-CHEMO	Blue Cross Formulary
TABLOID	ORAL-CHEMO	National Performance Formulary
TABRECTA	ORAL-CHEMO	Blue Cross Formulary

TACROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
TACROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
TADALAFIL	GENERIC-SPECIALTY	Blue Cross Formulary
TADALAFIL	GENERIC-SPECIALTY	National Performance Formulary
TAFINLAR	ORAL-CHEMO	Blue Cross Formulary
TAFINLAR	ORAL-CHEMO	National Performance Formulary
TAGRISSE	ORAL-CHEMO	Blue Cross Formulary
TAGRISSE	ORAL-CHEMO	National Performance Formulary
TAKHZYRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAKHZYRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TALTZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TALTZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TALZENNA	ORAL-CHEMO	Blue Cross Formulary
TALZENNA	ORAL-CHEMO	National Performance Formulary
TARGETIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TARGETIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TASIGNA	ORAL-CHEMO	Blue Cross Formulary
TASIGNA	ORAL-CHEMO	National Performance Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TAZVERIK	ORAL-CHEMO	Blue Cross Formulary
TECARTUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECARTUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TECENTRIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECENTRIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TECFIDERA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECFIDERA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEMODAR	ORAL-CHEMO	Blue Cross Formulary
TEMODAR	ORAL-CHEMO	National Performance Formulary
TEMODAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEMODAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEMOZOLOMIDE	ORAL-CHEMO	Blue Cross Formulary
TEMOZOLOMIDE	ORAL-CHEMO	National Performance Formulary
TEMSIROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
TEMSIROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
TEPADINA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEPADINA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEPEZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEPEZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TERIPARATIDE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TERIPARATIDE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TETRABENAZIN	GENERIC-SPECIALTY	Blue Cross Formulary
TETRABENAZIN	GENERIC-SPECIALTY	National Performance Formulary
THALOMID	ORAL-CHEMO	Blue Cross Formulary
THALOMID	ORAL-CHEMO	National Performance Formulary
THIOLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
THIOLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
THIOTEPA	GENERIC-SPECIALTY	Blue Cross Formulary
THIOTEPA	GENERIC-SPECIALTY	National Performance Formulary
TIBSOVO	ORAL-CHEMO	Blue Cross Formulary
TIBSOVO	ORAL-CHEMO	National Performance Formulary
TICE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TICE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TIGLUTIK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TIGLUTIK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOBRAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
TOBRAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
TOBRAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOLVAPTAN	GENERIC-SPECIALTY	Blue Cross Formulary
TOLVAPTAN	GENERIC-SPECIALTY	National Performance Formulary
TOLVAPTAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOLVAPTAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOPOSAR	GENERIC-SPECIALTY	Blue Cross Formulary
TOPOSAR	GENERIC-SPECIALTY	National Performance Formulary
TOPOTECAN	GENERIC-SPECIALTY	Blue Cross Formulary
TOPOTECAN	GENERIC-SPECIALTY	National Performance Formulary
TORISEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TORISEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOTECT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOTECT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRACLEER	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRACLEER	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

TRAZIMERA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRAZIMERA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREANDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRELSTAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRELSTAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREMFYA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TREMFYA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREPROSTINIL	GENERIC-SPECIALTY	Blue Cross Formulary
TREPROSTINIL	GENERIC-SPECIALTY	National Performance Formulary
TRETINOIN	ORAL-CHEMO	Blue Cross Formulary
TRETINOIN	ORAL-CHEMO	National Performance Formulary
TRETEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRETEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRIENTINE	GENERIC-SPECIALTY	Blue Cross Formulary
TRIENTINE	GENERIC-SPECIALTY	National Performance Formulary
TRIKAFTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIKAFTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRILURON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIPTODUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIPTODUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRISENOX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRISENOX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRIVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRODELVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRODELVY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRUXIMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TUKYSA	ORAL-CHEMO	Blue Cross Formulary
TUKYSA	ORAL-CHEMO	National Performance Formulary
TURALIO	ORAL-CHEMO	Blue Cross Formulary
TURALIO	ORAL-CHEMO	National Performance Formulary
TYKERB	ORAL-CHEMO	Blue Cross Formulary
TYKERB	ORAL-CHEMO	National Performance Formulary
TYMLOS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYMLOS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TYSABRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYSABRI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TYVASO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYVASO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UDENYCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ULTOMIRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ULTOMIRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UNITUXIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UNITUXIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UPLIZNA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UPLIZNA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UPTRAVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UPTRAVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VALCHLOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VALCHLOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VALRUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
VALRUBICIN	GENERIC-SPECIALTY	National Performance Formulary
VALSTAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VALSTAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VANTAS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VANTAS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VECTIBIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VECTIBIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VELCADE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELCADE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VELETRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELETRI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VEMLIDY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VEMLIDY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VENCLEXTA	ORAL-CHEMO	Blue Cross Formulary
VENCLEXTA	ORAL-CHEMO	National Performance Formulary
VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VERZENIO	ORAL-CHEMO	Blue Cross Formulary
VERZENIO	ORAL-CHEMO	National Performance Formulary
VIDAZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIDAZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIEKIRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIEKIRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIGABATRIN	GENERIC-SPECIALTY	Blue Cross Formulary
VIGABATRIN	GENERIC-SPECIALTY	National Performance Formulary
VIGADRONE	GENERIC-SPECIALTY	Blue Cross Formulary

VIGADRONE	GENERIC-SPECIALTY	National Performance Formulary
VILTEPSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VILTEPSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VINBLASTINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINBLASTINE	GENERIC-SPECIALTY	National Performance Formulary
VINCRISTINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINCRISTINE	GENERIC-SPECIALTY	National Performance Formulary
VINORELBINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINORELBINE	GENERIC-SPECIALTY	National Performance Formulary
VISCO-3	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VISUDYNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VISUDYNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VITRAKVI	ORAL-CHEMO	Blue Cross Formulary
VITRAKVI	ORAL-CHEMO	National Performance Formulary
VIVITROL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIVITROL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIZIMPRO	ORAL-CHEMO	Blue Cross Formulary
VIZIMPRO	ORAL-CHEMO	National Performance Formulary
VONVENDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VONVENDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VOSEVI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VOSEVI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VOTRIENT	ORAL-CHEMO	Blue Cross Formulary
VOTRIENT	ORAL-CHEMO	National Performance Formulary
VPRIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VPRIV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VUMERITY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VUMERITY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYNDAMAX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYNDAMAX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYNDAQEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYNDAQEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYXEOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYXEOS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WAKIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WAKIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WILATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WILATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WINRHO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WINRHO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XALKORI	ORAL-CHEMO	Blue Cross Formulary
XALKORI	ORAL-CHEMO	National Performance Formulary
XELJANZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XELJANZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XELJANZ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XELJANZ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XEMBIFY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XEMBIFY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XEOMIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XEOMIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XGEVA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XGEVA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XIAFLEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XIAFLEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XOLAIR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XOLAIR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XOSPATA	ORAL-CHEMO	Blue Cross Formulary
XOSPATA	ORAL-CHEMO	National Performance Formulary
XPOVIO	ORAL-CHEMO	Blue Cross Formulary
XPOVIO	ORAL-CHEMO	National Performance Formulary
XTANDI	ORAL-CHEMO	Blue Cross Formulary
XTANDI	ORAL-CHEMO	National Performance Formulary
XURIDEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XURIDEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYNTHA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYNTHA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYREM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYREM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYWAV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYWAV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YERVOY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YERVOY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YESCARTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

YESCARTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YONDELIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YONDELIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YONSA	ORAL-CHEMO	Blue Cross Formulary
YUTIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YUTIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZALTRAP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZALTRAP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZANOSAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZANOSAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZARXIO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZARXIO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZAVESCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZAVESCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEJULA	ORAL-CHEMO	Blue Cross Formulary
ZEJULA	ORAL-CHEMO	National Performance Formulary
ZELBORAF	ORAL-CHEMO	Blue Cross Formulary
ZELBORAF	ORAL-CHEMO	National Performance Formulary
ZEMAIRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEMAIRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPOSIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPOSIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZIEXTENZO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIEXTENZO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLADEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLADEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLADEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLADEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLEDRONIC	GENERIC-SPECIALTY	Blue Cross Formulary
ZOLEDRONIC	GENERIC-SPECIALTY	National Performance Formulary
ZOLGENSMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLGENSMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLINZA	ORAL-CHEMO	Blue Cross Formulary
ZOLINZA	ORAL-CHEMO	National Performance Formulary
ZOMACTON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORBTIVE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORBTIVE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZORTRESS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORTRESS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZULRESSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZULRESSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZYDELIG	ORAL-CHEMO	Blue Cross Formulary
ZYDELIG	ORAL-CHEMO	National Performance Formulary
ZYKADIA	ORAL-CHEMO	Blue Cross Formulary
ZYKADIA	ORAL-CHEMO	National Performance Formulary
ZYTIGA	ORAL-CHEMO	Blue Cross Formulary

Insurance Company Name	The Vermont Health Plan
HIOS ID	99852
SERFF Filing Number	BCVT-133270485
Market	Large Group
Product Name	Q4 2022 TVHP Large Group Unit Cost Trend Filing

Pharmacy Benefit Manager Information²
Please list any pharmacy benefit managers utilized for the following periods. Include additional lines as necessary.

	Experience Period -1	Experience Period	Projection Period
	09/01/2019-08/31/2020	09/01/2020-08/31/2021	01/01/2023-12/31/2023
Pharmacy Benefit Manager #1	Express Scripts (ESI)	Express Scripts (ESI)	Optum Rx (ORx)
Pharmacy Benefit Manager #2		Optum Rx (ORx)	
Pharmacy Benefit Manager #3			
Pharmacy Benefit Manager #4			

For each period, enter the PBM, if applicable, administering pharmacy benefits **at a pharmacy, network pharmacy, or mail-order pharmacy** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	09/01/2019-08/31/2020		09/01/2020-08/31/2021		01/01/2023-12/31/2023	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	ESI	ESI	ESI/ORx	ESI/ORx	ORx	ORx
Non-Specialty Brand PMPM	ESI	ESI	ESI/ORx	ESI/ORx	ORx	ORx
Specialty PMPM	ESI	ESI	ESI/ORx	ESI/ORx	ORx	ORx

For each period, enter the PBM, if applicable, **administering drug benefits by a health care provider in an outpatient setting as part of the medical benefit as separate from the pharmacy benefit** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	09/01/2019-08/31/2020		09/01/2020-08/31/2021		01/01/2023-12/31/2023	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	N/A	N/A	N/A	N/A	N/A	N/A
Non-Specialty Brand PMPM	N/A	N/A	N/A	N/A	N/A	N/A
Specialty PMPM	N/A	N/A	N/A	N/A	N/A	N/A

² **Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(C) The insurer shall include information on its use of a pharmacy benefit manager, if any, including which components of the prescription drug coverage described in subdivisions (A) and (B) of this subdivision (2) are managed by the pharmacy benefit manager, as well as the name of the pharmacy benefit manager or managers used.

July 19, 2022

Kevin Ruggeberg, FSA, MAAA
Vice President & Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 07/15/2022 Questions re:
Blue Cross and Blue Shield of Vermont and TVHP
Q4 2022 Large Group Unit Cost Trend Filings
(SERFF Tracking #: BCVT-133270497 and BCVT-133270485)**

Dear Mr. Ruggeberg:

In response to your request dated July 15, 2022, here is *your question* and our answer:

1. *Using the FY2023 budget submission narratives posted on the GMCB website (<https://gmcbboard.vermont.gov/node/3183>), please disclose the impact to the rates if the unit cost trend was set equal to the budget increases submitted and provide quantitative support for the impact.*

For each hospital subject to GMCB budget review, except UVMHN, we incorporated the chargemaster increase included in Table 1 of Appendix 1 of the budget submissions. For UVMHN, we incorporated the commercial rate increases included in the narrative. The information is summarized below:

Hospital Commercial Rate Increases	Submitted Average
Brattleboro Memorial Hospital	14.9%
Central Vermont Medical Center	14.5%
Copley Hospital	12.0%
Gifford Medical Center	3.7%
Grace Cottage	5.0%
Mt. Ascutney Hospital and Health Center	4.7%
North Country Hospital	12.0%
Northeastern Vermont Regional Hospital	10.8%
Northwestern Medical Center	9.4%
Porter Medical Center	11.5%
Rutland Regional Medical Center	17.8%
Southwestern VT Medical Center	9.5%
Springfield Hospital	10.0%
University of Vermont Medical Center	19.9%

For hospitals with October fiscal years, we assume that the October 2023 increase will be halfway between the October 2021 and October 2022 increases.

Please find attached revised versions of the filing exhibits. The tables below show the impact on the overall increase and manual rate.

Filed Rates	Rate Changes with submitted hospital budget information
+2.9%	+5.9%

Calculation of the Manual Rate (Actives)				
Claim Type		Medical	Pharmacy	Total
Q3 2022 Manual Rate	A	\$537.27	\$122.77	\$660.04
Q3 2022 Paid Trend Factor	B	1.1951	N/A	
Q4 2022 Paid Trend Factor	C	1.2844		
Q4 2022 Manual Rate	$D = A \times (C/B)$	\$577.45	\$122.77	\$700.22

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,



Martine Lemieux, F.S.A., M.A.A.A.

BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN
Q4 2022 LARGE GROUP UNIT COST TREND FILING

TABLE OF CONTENTS

Exhibit 2	Trend
2A	Medical Cost Trend Calculation - CONFIDENTIAL
2G	Monthly Trend Factors
Exhibit 4	Manual Rate
4A	Example of Manual Rate Adjustment
4C	Projected 2023 MLR Calculation

UNIT COST TREND SUMMARY

	Inpatient					Outpatient					Professional						Total								
	GMCB	NH	BlueCard	Other	Total	GMCB	NH	BlueCard	Other	Total	GMCB	Community	NH	BlueCard	Other	Total	VT / GMCB	NH	BlueCard	Other	Total				
VHP	Exp Period					\$86.90																			
	CY 2021					\$88.22																			
	YE 202206					\$90.78																			
	CY 2022					\$94.57																			
	CY 2023					\$107.78																			
	Exp % of Total					100.0%																			
	Prj % of Total					100.0%																			
CY 2022 / CY 2021					7.2%																				
CY 2023 / CY 2022					14.0%																				
Annual Cost Trend					12.1%																				
IND	Exp Period					\$86.90																			
	CY 2021					\$88.42																			
	YE 202206					\$90.93																			
	CY 2022					\$94.55																			
	CY 2023					\$107.72																			
	Exp % of Total					100.0%																			
	Prj % of Total					100.0%																			
CY 2022 / CY 2021					6.9%																				
CY 2023 / CY 2022					13.9%																				
Annual Cost Trend					12.0%																				
TVHP	Exp Period					\$86.90																			
	CY 2021					\$88.31																			
	YE 202206					\$91.00																			
	CY 2022					\$94.80																			
	CY 2023					\$108.03																			
	Exp % of Total					100.0%																			
	Prj % of Total					100.0%																			
CY 2022 / CY 2021					7.4%																				
CY 2023 / CY 2022					13.9%																				
Annual Cost Trend					12.1%																				

MONTHLY TREND FACTORS

Month	Medical - BCBSVT	Medical - BCBSVT Non-	Medical - TVHP Managed
	Managed	Managed	
August 2018	1.0000	1.0000	1.0000
September 2018	1.0420	1.0420	1.0511
October 2018	1.0598	1.0598	1.0691
November 2018	1.1016	1.1018	1.1131
December 2018	1.3374	1.3376	1.3513
January 2019	1.3124	1.3126	1.3260
February 2019	1.2200	1.2320	1.2323
March 2019	1.2244	1.2365	1.2368
April 2019	1.2063	1.2182	1.2185
May 2019	1.1972	1.2090	1.2093
June 2019	1.2433	1.2556	1.2559
July 2019	1.3002	1.3130	1.3133
August 2019	1.1294	1.1426	1.1429
September 2019	1.1535	1.1670	1.1673
October 2019	1.2577	1.2725	1.2728
November 2019	1.2775	1.2926	1.2929
December 2019	1.2109	1.2251	1.2254
January 2020	1.2042	1.2183	1.2186
February 2020	1.2628	1.2770	1.2782
March 2020	0.9276	0.9380	0.9389
April 2020	0.7084	0.7164	0.7170
May 2020	0.9781	0.9890	0.9900
June 2020	1.2444	1.2583	1.2595
July 2020	1.2442	1.2582	1.2593
August 2020	1.2167	1.2312	1.2324
September 2020	1.2661	1.2813	1.2825
October 2020	1.1646	1.1785	1.1796
November 2020	1.1335	1.1471	1.1482
December 2020	1.2562	1.2713	1.2724
January 2021	1.3171	1.3347	1.3341
February 2021	1.3602	1.3784	1.3777
March 2021	1.3271	1.3448	1.3442
April 2021	1.3611	1.3794	1.3787
May 2021	1.5489	1.5697	1.5689
June 2021	1.3523	1.3704	1.3698
July 2021	1.3260	1.3468	1.3462
August 2021	1.2725	1.2924	1.2918
September 2021	1.3283	1.3491	1.3485
October 2021	1.3419	1.3629	1.3623
November 2021	1.3445	1.3655	1.3649
December 2021	1.3471	1.3681	1.3675
January 2022	1.3736	1.3964	1.3943
February 2022	1.3767	1.3996	1.3976
March 2022	1.3795	1.4024	1.4004
April 2022	1.3936	1.4168	1.4147
May 2022	1.4073	1.4307	1.4286
June 2022	1.4691	1.4935	1.4913
July 2022	1.4918	1.5167	1.5145
August 2022	1.4947	1.5197	1.5175
September 2022	1.4814	1.5061	1.5040
October 2022	1.5241	1.5495	1.5472
November 2022	1.5270	1.5524	1.5500
December 2022	1.5298	1.5553	1.5530
January 2023	1.6259	1.6530	1.6503
February 2023	1.6291	1.6563	1.6535
March 2023	1.6322	1.6594	1.6567
April 2023	1.6353	1.6626	1.6598
May 2023	1.6457	1.6731	1.6703
June 2023	1.6488	1.6763	1.6736
July 2023	1.6678	1.6957	1.6929
August 2023	1.6710	1.6990	1.6963
September 2023	1.6561	1.6839	1.6811
October 2023	1.6894	1.7176	1.7148
November 2023	1.6925	1.7207	1.7180
December 2023	1.6956	1.7239	1.7212
January 2024	1.7706	1.8011	1.7971
February 2024	1.7740	1.8046	1.8006
March 2024	1.7774	1.8081	1.8040
April 2024	1.7808	1.8115	1.8075
May 2024	1.7917	1.8225	1.8185
June 2024	1.7951	1.8260	1.8220

Example of Manual Rate Adjustment

Manual Rate	\$700.22
Average Age/Gender Factor	1.000
Average Industry Factor	1.000
Projection Period	1/1/2023
Trend Factor	10.70%

Group Information	Active	Medicare Primary
Age/Gender Factor	0.940	1.030
Industry Factor	0.965	1.000
Projection Period	7/1/2023	

Contract Conversion	Contract Distribution	Members	Tier Factor	"Contract Tiers"
Single	25	25	1	25
Two-Person	25	50	2.000	50
Family	50	197	2.782	139.09
	100	272		214.09

		Active	Medicare Primary
Manual Rate	A	\$700.22	\$497.79
Adjustment for Age/Gender	B = 0.94 / 1	0.9400	1.0300
Adjustment for Industry	C = 0.965 / 1	0.9650	1.0000
Adjustment for Trend	D = 10.7% for 6 months	1.0521	1.0521
Contract Conversion Factor	E = 214.09 / 272	1.2705	1.0000
Adjusted Manual Rate	F = A x B x C x D x E	\$849.07	\$539.45

PROJECTED 2023 MLR CALCULATION

BCBSVT

(A)	Manual Rate	\$700.22	Exhibit 4A
(B)	Rebates	\$39.62	Q3 2022 LG Actuarial Memorandum, Section 2.3
(C)	Estimated HCQ	\$2.70	2020 MLR Filing, untrended
(D)	State Mandates and Assessments	\$14.61	Calculation as described on Q3 2022 LG Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$677.91	= (A) – (B) + (C) + (D)
(F)	Projected Claims	\$675.21	= (A) – (B) + (D)
(G)	Net Cost of Reinsurance	\$2.09	Q3 2022 LG Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$58.63	Calculation as of January 2023, from Q3 2022 LG Exhibit 5A
(I)	GMCB Billbacks	\$2.31	Q3 2022 LG Actuarial Memorandum, Section 6.8
(J)	Patient-Centered Outcomes Research Institute	\$0.26	Q3 2022 LG Actuarial Memorandum, Section 6.9
(K)	Subtotal	\$738.50	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$755.50	= (K) / (1 - 0.008 - 0.015)
(M)	Commissions	\$5.68	= (L) x 0.8% (from 2020 MLR filing)
(N)	Contribution to Reserve	\$11.33	= (L) x 1.5% (from Q3 2022 LG Actuarial Memorandum, Section 6.6)
(O)	MLR Denominator	\$755.50	= (L)
(P)	MLR	89.7%	= (E) / (O)

TVHP

(A)	Manual Rate	\$700.22	Exhibit 4A
(B)	Rebates	\$39.62	Q3 2022 LG Actuarial Memorandum, Section 2.3
(C)	Estimated HCQ	\$6.43	2020 MLR Filing, untrended
(D)	State Mandates and Assessments	\$14.61	Calculation as described on Q3 2022 LG Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$681.64	= (A) – (B) + (C) + (D)
(F)	Projected Claims	\$675.21	= (A) – (B) + (D)
(G)	Net Cost of Reinsurance	\$2.09	Q3 2022 LG Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$58.63	Calculation as of January 2023, from Q3 2022 LG Exhibit 5A
(I)	GMCB Billbacks	\$2.31	Q3 2022 LG Actuarial Memorandum, Section 6.8
(J)	Patient-Centered Outcomes Research Institute	\$0.26	Q3 2022 LG Actuarial Memorandum, Section 6.9
(K)	Subtotal	\$738.50	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$766.64	= (J) / (1 - 0.017 - 0.020)
(M)	Commissions	\$12.81	= (L) x 1.7% (from 2020 MLR filing)
(N)	Contribution to Reserve	\$15.33	= (L) x 1.5% (from Q3 2022 LG Actuarial Memorandum, Section 6.6)
(O)	MLR Denominator	\$766.64	= (L)
(P)	MLR	88.9%	= (E) / (O)